MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS of

CERTIFICATE OF DEATH

06564

Reg. Diat. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 823 Ontario St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 823 Ontario

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bradley Becraft

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1872

8. AGE:

Years	Months	Days	If less than one day
68	3	23	hrs. min.

9. Birthplace Haggettsville Montgomery Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Grafton Becraft

13. Birthplace Montgomery Co. Md

MOTHER

14. Maiden name Sinder Haggett

15. Birthplace Montgomery Co. Md

16. Informant Maggie Watkins,

Address 823 Ontario St, Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 (month) (day) 40 (year)

Cemetery or crematory Montgomery Chapel

Location Mount Airy, Md

18. Funeral director W. A. Patterson

Address Perryville, Md.

19. June 25th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940 to June 23 1940

and that I last saw h alive on June 23 1940

	DURATION
Immediate cause of death Pneumonia	
Due to Chronic Interstitial Nephritis	
Due to Arterio Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M.D. M. D. or other

Address Havre de Grace Date signed June 24

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VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-22

06565

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

~~Hospital, institution~~, or street address where death occurred: St. John St. - Riverton Apt.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5-52 - Green St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Kate Boyd

3.(b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 4 - 1867

8. AGE: Years 72 | Months 8 | Days 12 | If less than one day ... hrs. ... min.

9. Birthplace Cecil Co., Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Francis Boyd
13. Birthplace Cecil Co.

MOTHER
14. Maiden name Missouri Jackson
15. Birthplace Cecil Co.

16. Informant Robert R. Pennington
Address Havre de Grace, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof June 19 - 1940
(month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill

Location Havre de Grace, Md.

18. Funeral director Pennington & Sons
Address Havre de Grace, Md.

19. June 19th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 16 1940, to June 17 1940 and that I last saw her alive on June 17 1940.

Immediate cause of death	DURATION
Arteriosclerosis	5 yrs
Hypertension	5 yrs
Due to Acute Myocarditis	4 hrs
Pulmonary Oedema	
Due to	
Other conditions Cardiac Failure	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. J. Foley M.D. M. D. or other

Address Havre de Grace, Md. Date signed 6/19/

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06568

1. PLACE OF DEATH (157-m)

County Harford Registration Dist. No. 183

Village or City Havre De Grace No. Harford Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unnamed Burchett If U. S. Veteran, specify WAR

(a) Residence: No. Havre De Grace Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 5, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, 22 hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Havre De Grace, Md (State or country)

FATHER

13. NAME Robert Melvin Burchett

14. BIRTHPLACE (city or town) Churchville (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie Ilene Burchett

16. BIRTHPLACE (city or town) Mountain Grove (State or country) Va.

17. INFORMANT Hospital Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fountain Green Cem. Date June 8, 1940

19. UNDERTAKER R. Madison Mitchell (Address) Havre de Grace, Md.

20. FILED June 8th 1940 James H. Bay M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1940, to June 6, 1940

I last saw him alive on June 6, 1940; death is said to have occurred on the date stated above, at 1.45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Face & Defects	
Other Contributory Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Natura of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. Mad Mitchell M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (248)

CERTIFICATE OF DEATH

Reg. Dist. No. 183 — 06567

1. PLACE OF DEATH:
County Harford
City or town Watters Mill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Smith Canman

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Frank Canman
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 1866

8. AGE:

Years	Months	Days	If less than one day
73	9	11	hrs. min.

9. Birthplace Jarrettsville md
(Town, county, and state)
10. Usual occupation Home keeper
11. Industry or business
FATHER 12. Name Wm Patton
13. Birthplace Harford Co md
MOTHER 14. Maiden name Frances Gilbert
15. Birthplace Harford Co
16. Informant Harry Smith
Address Bel Air md
17. Burial Date thereof June 30 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wm Watters
Location Coop Town
18. Funeral director E. J. Kurtz & Son
Address Jarrettsville Md.
19. June 30 1940 Thomas Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 2 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1940, to June 28 1940, and that I last saw h alive on June 28 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 hr.
Due to	
Due to	
Other conditions Cerrhosis of Liver (Hypertrophic)	>

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill Md Date signed 6/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06568

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

1. PLACE OF DEATH:
County Harford
City or town Rural: Near Bel Air, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Route #40 Belcamp
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) Nine

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Chester
City or town New London Ward No. 10
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Warren Benjamin Cox

3. (b) Social Security Number None

4. Sex	5. Color or race	8. (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Nellie R Cox
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 12 - 1869

8. AGE:

Years	Months	Days	If less than one day
71	1	27	____ hrs. ____ min.

9. Birthplace Chester Co. Penna.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business None

FATHER
12. Name Benj. Cox
13. Birthplace Penna.

MOTHER
14. Maiden name Mary Emma Williamson
15. Birthplace Penna.

16. Informant Hughes A. Cox
Address Lincoln University Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1940 (month) (day) (year)
Cemetery or crematory New Garden Chester Co.
Location New Garden, Chester Co. Pa
18. Funeral director Henry Lanning & Sons
Address Aberdeen Md

19. June 10 1940 (Date rec'd by registrar) D. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 ____, to ____ 19 ____
and that I last saw h ____ alive on ____ 19 ____

Immediate cause of death Fracture of Skull — DURATION: Instant

Due to ____

Due to ____

Other conditions Fracture Left Humerus
Fracture Left Tibia & Fibula
(Include pregnancy within 3 months of death)

Major findings: None
Of operations ____
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of June 9 1940
Where did injury occur? Bel Air (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Public Highway
Means of injury Automobile Collision Injured at work? No

23. SIGNATURE Gerald C. Palmer M.D.
Acting Deputy Medical Examiner M. D. or other
Address Bel Air, Md. Date signed June 9 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06569

Reg. Dist. No. 183

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Harford

City or town: Near Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Near Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Le na May Daughton

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: Charles R. Daughton

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Sept 22 1886

8. AGE: Years	Months	Days	If less than one day
53	8	20	hrs. min.

9. Birthplace: Ellicot City Md.
(Town, county, and state)

10. Usual occupation: house wife

11. Industry or business

FATHER
12. Name: John T. Daughton
13. Birthplace: Harf. Co Md

MOTHER
14. Maiden name: Mary E. Chandlee
15. Birthplace: Harf. Co, Md.

16. Informant: Chas F. Daughton
Address: Fallston R.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 40 (month) (day) (year)

Cemetery or crematory: Jarrettsville Cem.
Location: Jarrettsville, Md.

18. Funeral director: E.G. Kurtz & Son
Address: Jarrettsville, Md.

19. June 14 1940 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never attended 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Cardiac Failure	
Due to Coronary Thrombosis	
Due to Cardiac Disease	2 years
Other conditions Epilepsy	lifetime

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Melvin N. Borden M.D.
M. D. or other

Address: Jarrettsville, Md. Date signed 6/14/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06570

WITHIN CORPORATE LIMITS ?

(13-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 1 mo.

Hospital, Institution, or street address where death occurred:
517 Alliance St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 569 Girard St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eva M. Dunbar

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	married

6.(b) Name of husband or wife Harry Dunbar

6.(c) If alive, give age about 52 years

7. Birth date of deceased (mo., day, yr.) July 14, 1887

8. AGE: Years	Months	Days	If less than one day
53	11	6	..... hrs. ..... min.

9. Birthplace Havre de Grace
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Peter Moses

13. Birthplace Va.

MOTHER 14. Maiden name Julia A. Maxwell

15. Birthplace Maryland.

16. Informant Mr. Harry Dunbar

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 (month) 22 (day) 40 (year)

Cemetery or crematory Gravelly Hill Cemetery

Location Gravelly Hill, Md.

18. Funeral director Elmer E. Burdette

Address Havre de Grace, Md.

19. June 22 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 19 1940

and that I last saw h alive on June 19 1940

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Cerebral Hemorrhage	
Due to Nephritis	
Other conditions Uraemia	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other

Address Havre de Grace Date signed 6/22/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

06571

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford -

City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? nearly all his life.

Hospital, ~~Institution, or~~ street address where death occurred:
123 - S. Union Ave.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford.

City ~~or town~~ Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 123 Union Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Michael H. Fahey -

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: White

6.(a) ~~Single, married,~~ widowed, ~~or divorced~~: Widower.

6.(b) Name of ~~husband or~~ wife Mary Quirk Fahey.

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28 - 1865

8. AGE: Years 74 | Months 11 10 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore - Md.
(Town, county, and state)

10. Usual occupation Lawyer -

11. Industry or business

FATHER
12. Name James Fahey.
13. Birthplace Ireland.

MOTHER
14. Maiden name Mary Larner.
15. Birthplace Ireland.

16. Informant M. W. Fahey.
Address Havre de Grace, Md.

17. Burial - Date thereof June 28 40
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery.

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. June 27th 1940 (Date rec'd by registrar) James H Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1929, to June 25 1940.
and that I last saw him alive on June 25 1940.

Immediate cause of death	DURATION
Arteriosclerosis	12 yrs.
Hemiplegia	
Due to Cerebral Hemorrhage	
Due to Chronic Nephritis	
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Charles J. Foley M.D. M.D. or other

Address Havre de Grace Date signed 6-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

170-C

06572

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

1. PLACE OF DEATH:
County Harford County
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Harford Memorial Hospital
Stay in hospital or inst. (~~yrs.~~ or ~~mos.~~ or days) 25
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Fisher

3. (b) Social Security Number 086-12-4123

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15 - 1889

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
57	5	2		

9. Birthplace Yugoslavkia, Europe
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name John Fisher
13. Birthplace Yugoslavkia
MOTHER 14. Maiden name Nidris Fisher
15. Birthplace Yugoslavkia
16. Informant Hospital records
Address Havre de Grace
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18-1940 (month) (day) (year)
Cemetery or crematory Grove
Location Aberdeen Md.
18. Funeral director Henry Fanning & Sons
Address Aberdeen Md
19. June 17th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 5-15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to June 17 1940
and that I last saw him alive on June 17 1940

Immediate cause of death	DURATION
Coronary thrombosis	
Due to Embolism -	
Due to amputated leg - following auto accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of May 24
Where did injury occur? Aberdeen (City or town) Hayre (County) Md. (State)
Injured at home, farm, industry, public place (where?) Market St.
Means of injury autos colliding Injured at work?

23. SIGNATURE Frank Corbett M.D.
M. D. or other
Address Havre de Grace Date signed June 17

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

06573

WITHIN CORPORATE LIMITS of

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Silver's wharf
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits) write RURAL NEAR and give town)
Street No. 317 So. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Preston Ryle Jackson

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1922

8. AGE: Years 17 | Months 8 | Days 22 | If less than one day — hrs. — min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Store

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Ethel Taylor
15. Birthplace Md.

18. Informant Birth Certificate
Address State Health Dept.

17. Burial (Burial, cremation, or removal) Date thereof June 9-1940 (month) (day) (year)
Cemetery or crematory White Rock
Location Carroll Co. Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. June 7th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —19— to —19—
and that I last saw him alive on —19—

Immediate cause of death	DURATION
Drowning - accidental	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of June 6, 1940
Where did injury occur? Havre de Grace (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Public Place
Means of injury Fell off dock Injured at work? no

23. SIGNATURE J. H. Ramsey M.D.
Address Aberdeen Md. Date signed 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06574

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Forest Hill, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Forest Hill Rural Street No.
(If outside city or town limits, write RURAL NEAR and give town)
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Sara Jane Knight

3. (b) Social Security Number none

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hugh R. Knight

Dead 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 23, 1862

8. AGE: Years 78 | Months 3 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co. Md.
(Town, county, ~~State~~)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name John Prentice

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden name Margaret Birkins

15. Birthplace Harford Co. Md

16. Informant Mrs. Charles Walters

Address Forest Hill, Md. Rural

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof June 21, 1940 (month) (day) (year)

Cemetery or crematory Darlington Cem

Location Harford Co. Md.

18. Funeral director H. L. Bailey

Address Darlington, Md.

19. June 18 1940 Virginia Chambers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940 at 11 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from June 2 1940, to June 18 1940, and that I last saw h[illegible] alive on June 18 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Cirrhosis Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Sumwalt M. D. or other
Address Darlington Date signed June 19

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BUREAU V. S.

06575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace - md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

~~Hospital, institution~~ or street address where death occurred: 603-N. Stokes St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford.

City ~~or town~~ Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No. 603-N. Stokes St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Isabella Matthews.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) ~~Single, married~~, widowed, ~~or divorced~~: widowed.

6.(b) Name of ~~husband~~ or wife: Andrew Matthews

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 18 - 1861.

8. AGE: Years 79 | Months 5 | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace: Scottland. (Town, county, and state)

10. Usual occupation: Housework -

11. Industry or business

FATHER
12. Name: Thomas Johnston.
13. Birthplace: Scottland.

MOTHER
14. Maiden name: Anna Richardson,
15. Birthplace: Scottland.

16. Informant: Mrs. Anna Thorpy.

Address: Havre de Grace, Md.

17. Burial - (Burial, ~~cremation, or removal. Which?~~) Date thereof: June 22-1940. (month) (day) (year)

Cemetery ~~or crematory~~: Angel Hill -

Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son.

Address: Havre de Grace, Md.

19. June - 20th 1940 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19, 1940, at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1930, to June 19 1940 and that I last saw her alive on June 19 1940.

Immediate cause of death: Arterio Sclerosis Cerebral Hemorrhage

Due to: Hemiplegia

Due to: Cachexia

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace, Md. Date signed 6/20/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

06576

Reg. Dist. No. 183

1. PLACE OF DEATH:
County: Harford Co.
City or town: Havre de Grace - md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
St. Francis Villa.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Commerce Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Sister Mary Gustava (McConnell)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 29 - 1855.

8. AGE: Years	Months	Days	If less than one day
84	11	21	— hrs. — min.

9. Birthplace: Seneca Falls - New York
(Town, county, and state)

10. Usual occupation: Teacher.

11. Industry or business

FATHER
12. Name: Patrick McConnelly
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Rose McGill.
15. Birthplace: Ireland.

16. Informant: Sister Mary Rochus
Address: St. Francis Villa, Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 24 1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer Cem.,
Location: Baltimore, Md.

18. Funeral director: Pennington & Son,
Address: Havre de Grace, Md.

19. June 22 nd 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940 at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940 to June 21 1940 and that I last saw h alive on June 21 1940

Immediate cause of death	DURATION
Chronic Myocarditis	
Chronic Nephritis	
Due to: Cardio - Nephritis	
Due to: Cachexia	
Other conditions: Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Havre de Grace Md. Date signed: 6/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06577

93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-15

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: County Home

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Edgewood, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A, Miller,

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Julia. Miller,

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 13 1865

8. AGE: Years	Months	Days	If less than one day
75	2		hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: unknown

13. Birthplace: Germany

MOTHER — 14. Maiden name: unknown

15. Birthplace: Germany

16. Informant: Margaret F. Miller,

Address: Joppa, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 18 1940 (month) (day) (year)

Cemetery or crematory: Trinty Luthern

Location: Joppa, Md.

18. Funeral director: Howard K. McComas,

Address: Abingdon, Md.

19. June 17 1940 (Date rec'd by registrar) Virginia E. Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to June 16 1940, and that I last saw him alive on June 12 1940.

	DURATION
Immediate cause of death: Chr. Myocardial Disease	4 mos
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other

Address: Forest Hill, Md. Date signed 6/17/40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06578

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 yrs 11 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Carsin Run
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: W

3. (a) FULL NAME: Sarah May Mouldsdale

3. (b) Social Security Number: W

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James H. Mouldsdale
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): July 26th 1879

8. AGE: Years: 60 Months: 11 Days: 10 If less than one day: hrs. min.

9. Birthplace: Harford Co. Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: "

FATHER
12. Name: James Greenland
13. Birthplace: Harford Co. Maryland

MOTHER
14. Maiden name: Martha C. Cullum
15. Birthplace: Harford Co. Maryland

16. Informant: Mr. James H. Mouldsdale
Address: Aberdeen Md. R.F.D

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 19-1940 (month) (day) (year)
Cemetery or crematory: Babers
Location: Aberdeen Md

18. Funeral director: Henry Taming Sons
Address: Aberdeen Md.

19. June 19- 1940 (Date rec'd by registrar) O.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16th 1940, at 12:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 16 1940, and that I last saw h alive on June 15 1940.

	DURATION
Immediate cause of death: Coronary Occlusion 6-1-40	
Due to: Coronary disease since Sept 1936	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: V
Of autopsy: V

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ted O Hodous M.D. M. D. or other
Address: Edgewood, Md Date signed 6-17-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06579

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. Boxd St.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Charles Henry ~~Osborn~~ Osborn
(By name of) Harry Osborn

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married

6.(b) Name of husband or wife: Elizabeth C Rice

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Dec 19-1872

8. AGE: Years	Months	Days	If less than one day
67	6	3	...hrs. ...min.

9. Birthplace: Churchhill Harford Co., Md
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: Thomas Osborn
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Legal
15. Birthplace: Md.

16. Informant: Mrs Elizabeth R Osborn
Address: Bel Air, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 25-1940 (month) (day) (year)

Cemetery or crematory: Hendon Hill

Location: (Near) Bel Air, Md

18. Funeral director: Deane & Foster

Address: Bel Air Md

19. June 24 1940 (Date rec'd by registrar) V.E. Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 6-5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to June 22 1940 and that I last saw h.q.m. alive on June 21 1940

Immediate cause of death	DURATION
Uremia	4 days
Due to: Arteriosclerotic Cardiovascular disease	3 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Gerald C. Palmer M.D.
M. D. or other

Address: Bel Air, Md Date signed 6/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83a)

CERTIFICATE OF DEATH

06589

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre De Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 12 das.

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre De Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Oulahis St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Offord

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 22. 1865

8. AGE: Years	Months	Days	If less than one day
74	5	24	____ hrs. ____ min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER — 12. Name Charles Offord

13. Birthplace Baltimore Co. Md.

MOTHER — 14. Maiden name —

15. Birthplace Unknown

16. Informant Hospital Records.

Address Havre de Grace. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 19 40 (month) (day) (year)

Cemetery or crematory St. James A. M.E. Cemetery

Location Havre de Grace, Md.

18. Funeral director Elmer E. Budlak

Address Havre de Grace, Md.

19. June 19th 1940 (Date rec'd by Registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to June 16 1940, and that I last saw h[illegible] alive on June 16 1940.

	DURATION
Immediate cause of death Cerebral hemorrhage	June 16
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Walker M.D. M. D. or other

Address 316 N. Union Ave Havre de Grace Date signed June 16, 1940

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06581

83-a

1. PLACE OF DEATH

County Harford — Registration Dist. No. 182

Village or City Bel Air Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret M. Pennock — If U. S. Veteran, specify WAR ____

(a) Residence: No. Bel Air Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Townsend Pennock

6. DATE OF BIRTH (month, day, and year) May 2-1844

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	96	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

FATHER

13. NAME Alfred Smith

14. BIRTHPLACE (city or town) ____ (State or country) Pa

MOTHER

15. MAIDEN NAME Ester Rhoads

16. BIRTHPLACE (city or town) ____ (State or country) Pa

17. INFORMANT Miss Ethel C Smith (Address) Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Longwood Pa Date June 7, 1940

19. UNDERTAKER Dean & Foster (Address) Bel Air, Md.

20. FILED June 6, 1940 Virginia Chambers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 5 (Month) (Day), 1940 (Year) — No Social Security number

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1940, to June 5th, 1940

I last saw her alive on June 5th, 1940; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Obstipation and malnutrition	May 1st
Probably cerebral vascular accident	

Other Contributory Causes of Importance:

Extreme Senility: Bedridden for several years. Bank gradually into coma. Mind was gone.

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. F. Van Tibbet M. D.

(Address) Bel Air, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 3 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06582

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County: Harford
City or town: Perryman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 68 yr
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Perryman
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Effie Eugenia Ricketts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Louis C. Ricketts
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1871

8. AGE: Years: 68 | Months: 8 | Days: 16 | If less than one day: — hrs. — min.

9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: House Duties
11. Industry or business: Home

FATHER
12. Name: Thomas Brannan
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Schritz
15. Birthplace: Md.

16. Informant: Mr. Louis C. Ricketts
Address: Perryman, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 4, 1940 (month) (day) (year)
Cemetery or crematory: Baker's Cem.
Location: Harford Co. Md.

18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.

19. June 3 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June [illegible] 1 1940, at 7.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-10 1939, to [illegible] June 1 1940
and that I last saw her alive on June [illegible] 1 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to: Coronary disease	5 yrs.
Due to: Essential Hypertension	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Fred O Hodous M. D. or other
Address: Edgewood, Md. Date signed: 6-1-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(73-2)

06583

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town near cooptown Harford co
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town near Cooptown Harford Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sallie A Rigdon

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George B Rigdon
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 7 - 1867

8. AGE:

Years	Months	Days	If less than one day
67	1	19	____ hrs. ____ min.

9. Birthplace Jeffers Roads Harford Co Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James Carnes
FATHER 13. Birthplace Harford Co Md
MOTHER 14. Maiden name Mary Neat
MOTHER 15. Birthplace Harford Co Md
16. Informant Henry Rigdon
Address Rocks R.D. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28 1940 (month) (day) (year)
Cemetery or crematory Mt Watters cem
Location Cooptown Md
18. Funeral director E. J. Kurtz & Son
Address Jarrettsville Md
19. June 28 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 26 1940, and that I last saw h— alive on June 25 1940

Immediate cause of death	DURATION
Cerebral hemorrhages	10 da.
Chr. Myocardial disease	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill, Md Date signed 6/26/40

RECEIVED
JUL 6 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53-A)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS of

06584

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Gilpin Snowden
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Rural Aberdeen R7D.
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Gilpin Snowden

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of husband or wife: Mary Snowden
6.(c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): Oct. 15, 1868

8. AGE: Years	Months	Days	If less than one day
72	7	24	hrs. min.

9. Birthplace: Harford Co Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Geo Snowden
13. Birthplace: Md.
MOTHER 14. Maiden name: Mary Snowden
15. Birthplace: Md.
16. Informant: Mary Snowden
Address: Aberdeen Md R 7 D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 11, 1940 (month) (day) (year)
Cemetery or crematory: Mt Calvery
Location: Harford Co. Md.
18. Funeral director: W. Madison Mitchell
Address: Havre de Grace, Md.
19. June 11th 1940 (Date rec'd by registrar) James H. Bay Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 7.50 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1940 to June 8 1940
and that I last saw him alive on June 8 1940

	DURATION
Immediate cause of death	
Due to: Cerebral Hemorrhage	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed: 6-9-40

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

06585

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City ~~or town~~ Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

Street No. 354 Warren St (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Frank Morris Strowgone.

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August-9-1936.

8. AGE: Years 43 Months 10 Days 20 If less than one day ... hrs. ... min.

9. Birthplace Havre de Grace, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Andrew Strowgone

13. Birthplace Pennsylvania.

MOTHER 14. Maiden name Margaret Morris.

15. Birthplace Havre de Grace,

16. Informant Mrs. John Morris,

Address Havre de Grace, Md,

17. Burial — (Burial, ~~cremation, or removal. Which?~~) Date thereof July-1-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery.

Location Havre de Grace Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. July 1st 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death: Fracture of Skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 29, 140

Where did injury occur? Havre de Grace (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Automobile Injured at work? No

23. SIGNATURE J. H. Ramsey M.D. Deputy Medical Examiner

Address Aberdeen Date signed 6/29/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06586

Reg. Diat. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mina J. Tipton

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

B (b) Name of husband or wife Alford S. Tipton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 24 1859

8. AGE:

Years	Months	Days	If less than one day
81	3	5	____ hrs. ____ min.

9. Birthplace Stewartstown Pa
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Wm Duncan
13. Birthplace ~~Hanover Wiley~~ Stewartstown Pa

MOTHER
14. Maiden name Hannah Wiley
15. Birthplace Stewartstown Pa

18. Informant John M Tipton
Address Jarrettsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1 1940 (month) (day) (year)
Cemetery or crematory Jarrettsville
Location Jarrettsville Md
18. Funeral director C G Kurtz Son
Address Jarrettsville

19. July 1 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 1 07/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1939, to June 29 1940, and that I last saw her alive on June 28 1940

Immediate cause of death	DURATION
Cerebral vascular accident	36 hours
Due to Hypertensive Cardiovascular Renal disease	25 years
Due to Senility	
Other conditions C	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin H. Borden M. D. ~~or other~~
Address Jarrettsville, Md. Date signed 7/1/40

RECEIVED
JUL 6 1940
BUREAU V. S.

06587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Burial near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 54 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Burial near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Walter L. Warfield

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Susie G. Warfield

6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): April 1st 1878

8. AGE: Years 62 | Months 2 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Harford Co. Maryland
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: on Farm

FATHER
12. Name: Unknown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Addie Warfield
15. Birthplace: Harford Co. Maryland

16. Informant: Mrs. Susie G. Warfield
Address: Aberdeen Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 22 - 1940
(month) (day) (year)

Cemetery or crematory: Union M.E. Cemetery

Location: Near Aberdeen Md

18. Funeral director: Henry Tarring Sons
Address: Aberdeen Md.

19. June 21 1940 (Date rec'd by registrar) O.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20th 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to Jan 20 1940, and that I last saw him alive on Jan 20 1940.

Immediate cause of death: Gastric Carcinoma — DURATION: 3-2-40

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Claude Rowan M.D.
M. D. or other

Address: Havre de Grace — Date signed: 6-21-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06588

1. PLACE OF DEATH

County Harford (94a) Registration Dist. No. 180

Village or City Long Bar Harbor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Weyforth

(a) Residence: No. Long Bar Harbor St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Joh. Weyforth

6. DATE OF BIRTH (month, day, and year): Mar 27. 1882

7. AGE: Years 58 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Musician

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: George Weyforth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lena Doering

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Robert N. Gerbig, 3, N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Loudon Park Date: June 28, 1940

19. UNDERTAKER (Address): Mr & Mrs. John W. Teufel & Son, 801 W. Fayette St.

20. FILED: June 25, 1940 Emily M. Shipley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 25 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ was called to see deceased on June 25-1940 & found he had been dead about 2 hours - from examination of the body and information received, I am satisfied death was due to ~~death is said~~ to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Covonary thrombosis — Date of onset: unknown

Death occurred at about 2 P.M.

Other Contributory Causes of Importance:

Name of operation: None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) A. F. Van Tibbe M. D.

(Address) Bel Air, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I called Dr. J. H. Ramsay, Medical Examiner for Harford County, on the Telephone and reported the facts in this case and he authorized me to make out the death Certificate.

A. F. Van Dibber

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06589

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ariel Elizabeth Williams

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Stevenson A Williams

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Feby 10 - 1850

8. AGE: Years: 90 Months: 3 Days: 27 If less than one day: ..... hrs. ..... min.

9. Birthplace: Harford Co Md

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: John Rush Streett

13. Birthplace: Harford Co Md

MOTHER 14. Maiden name: Elizabeth Hope

15. Birthplace: Harford Co Md

16. Informant: Lewis Williams

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 9 - 1940 (month) (day) (year)

Cemetery or crematory: Presbyterian

Location: Churchville Md

18. Funeral director: Dean & Inlow

Address: Bel Air, Md

19. June 9 1940 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 2 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1941, to June 1940

and that I last saw h.. alive on June 7 1940

Immediate cause of death	DURATION
Myocarditis: Chronic	
Duration: fourteen years	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P D Hopkins M. D. or other

Address: Bel Air Md Date signed: 6/7/40

RECEIVED
JUN 19 1940
BUREAU V. S.